



FH  
[REDACTED]

**STATE OF WISCONSIN**  
**Division of Hearings and Appeals**

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In the Matter of

[REDACTED]  
[REDACTED]  
[REDACTED]

DECISION

BCS/167002

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**PRELIMINARY RECITALS**

Pursuant to a petition filed June 30, 2015, under Wis. Stat. § 49.45(5)(a), to review a decision by the Kenosha County Human Service Department in regard to Medical Assistance, a hearing was held on July 21, 2015, at Kenosha, Wisconsin.

The issue for determination is whether the Kenosha County Human Service Department (the agency) correctly terminated the Petitioner's BadgerCare+ benefits, effective July 1, 2015.

There appeared at that time and place the following persons:

**PARTIES IN INTEREST:**

Petitioner:

[REDACTED]  
[REDACTED]  
[REDACTED]

Respondent:

Department of Health Services  
1 West Wilson Street, Room 651  
Madison, Wisconsin 53703

By: Karen Mayer, Fair Hearing Coordinator  
Kenosha County Human Service Department  
8600 Sheridan Road  
Kenosha, WI 53143

**ADMINISTRATIVE LAW JUDGE:**

Mayumi M. Ishii  
Division of Hearings and Appeals

**FINDINGS OF FACT**

1. Petitioner (CARES # [REDACTED]) is a resident of Kenosha County.
2. On June 8, 2015, the agency sent the Petitioner a notice, indicating that her BadgerCare+ benefits would be ending effective July 1, 2015.

3. The Petitioner filed a request for fair hearing that was received by the Division of Hearings and Appeals on June 30, 2015. (Exhibit 1)
4. The Petitioner's sole source of income is from unemployment insurance benefits, in the amount of \$353.00 per week. This works out to be \$1412 per month (\$353 x 4 weeks per month). (Exhibit 4; Testimony of Petitioner)
5. Petitioner's household consists of two people. (Testimony of Petitioner)

### **DISCUSSION**

BadgerCare Plus (BC+) is a state/federal program that provides health coverage for Wisconsin families. *BadgerCare + Eligibility Handbook (BEH) §1.1.1.*

Effective April 1, 2014, an adult must have household income must below 100% the Federal Poverty Level, in order to be eligible for the BadgerCare+ health plan and all taxable income must be counted. *BEH §16.1* Prior to this, the income limit was 200% of FPL. *Id.*

It is the agency's contention that Petitioner's household income exceeds 100% of the Federal Poverty Level and as such, she is not eligible for benefits.

100% of FPL for an assistance group size of two is \$1327.50 per month. *BEH §50.1*

For BadgerCare+ purposes, only actual gross monthly income is used. Estimated amounts using the 4.3 weekly pay period or 2.15 bi-weekly pay period multipliers are NOT used. *Process Help §16.4.1*; see also *Ops Memo 01-01*

The Petitioner's sole source of income is from unemployment insurance benefits, in the amount of \$353.00 per week. This works out to be \$1412 per month (\$353 x 4 weeks per month).

Petitioner's income of \$1412 exceeds the 100% FPL income limit of \$1327.50.

The Petitioner argues that the rules should not apply to her, because she has asthma for which she needs regular treatment. However, there is nothing in the BadgerCare+ Eligibility Handbook that allows an exception to the financial eligibility rules, even in cases of extreme hardship.

Petitioner might wish to check the DHS website for a listing of free or low cost clinics:

<https://www.dhs.wisconsin.gov/forwardhealth/clinics.htm>

Otherwise, she might be able to get low cost help from the Kenosha Community Health Center: 4536 North 22<sup>nd</sup> Avenue, 53150-5917; (262) 656-0044.

The Petitioner might also wish to consult the Asthma and Allergy Foundation of America website for information about obtaining asthma medications at reduced cost:

<http://www.aafa.org/display.cfm?id=5&sub=105&cont=677>

### **CONCLUSIONS OF LAW**

The agency correctly terminated the Petitioner's BadgerCare+ benefits effective July 1, 2015.

**THEREFORE, it is**

**ORDERED**

The petition is dismissed.

**REQUEST FOR A REHEARING**

You may request a rehearing if you think this decision is based on a serious mistake in the facts or the law or if you have found new evidence that would change the decision. Your request must be **received within 20 days after the date of this decision**. Late requests cannot be granted.

Send your request for rehearing in writing to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400 **and** to those identified in this decision as "PARTIES IN INTEREST." Your rehearing request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and explain why you did not have it at your first hearing. If your request does not explain these things, it will be denied.

The process for requesting a rehearing may be found at Wis. Stat. § 227.49. A copy of the statutes may be found online or at your local library or courthouse.

**APPEAL TO COURT**

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be filed with the Court **and** served either personally or by certified mail on the Secretary of the Department of Health Services, 1 West Wilson Street, Room 651, Madison, Wisconsin 53703, **and** on those identified in this decision as "PARTIES IN INTEREST" **no more than 30 days after the date of this decision** or 30 days after a denial of a timely rehearing (if you request one).

The process for Circuit Court Appeals may be found at Wis. Stat. §§ 227.52 and 227.53. A copy of the statutes may be found online or at your local library or courthouse.

Given under my hand at the City of Milwaukee,  
Wisconsin, this 22nd day of July, 2015.

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\sMayumi M. Ishii  
Administrative Law Judge  
Division of Hearings and Appeals



**State of Wisconsin\DIVISION OF HEARINGS AND APPEALS**

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The preceding decision was sent to the following parties on July 22, 2015.

Kenosha County Human Service Department  
Division of Health Care Access and Accountability